

able results in situations which are arising in America, just as they arose in Europe.

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*Physicians to Receive Proper Financial Rewards to Enable Them to Do Efficient Work, Must Be as Alert in These as in Purely Scientific Problems.*—The really big rewards of the practice of medicine are not to be found in unusually large financial returns, but rather in the fulfillment of efficient service to patients and to the public. With such service, however, should come that amount of financial reward which the background of training as well as the nature of the services which are rendered by physicians justly entitles them. Well trained, efficient physicians, as faithful servants of the state and of the public, deserve proper financial remuneration, and have a right to use all legitimate measures to acquire and maintain such.

It would be a truism to state that our modern-day civilization is quite different from that which has gone before, and that here in America our mass production and great material prosperity of recent years—with their elements of wealth distribution quite different from those of former days—present special and new problems to practically all professions and vocations, and particularly so to the guild of physicians. For times have changed. We must acknowledge that we can no longer practice medicine after the manner of previous years, when there was full assurance that all would be well with our economic futures, both for ourselves in our own time, and for our successors.

Therefore, because the times are different, and because new forces are at work which could seriously change medical practice as we understand it, we must analyze the forces in our environments and ask ourselves what would be the places which our profession and which we as individual physicians would be obliged to take, if a new scheme of things based on a so-called state health insurance plan came into existence.

The papers on medical economic topics above referred to are an indication of the thought which colleagues in different portions of California are giving to the consideration of these matters. These fellow physicians have gone to considerable effort to present their respective viewpoints to us. We are not called upon to agree with them in their various contentions, but we can at least read what they have written, and then ask ourselves, each of us, whether we agree or disagree with them in this or that, and why.

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*All County Societies Should Discuss This Symposium.*—The thought suggests itself at this point that this symposium of papers may be made to have a real value to the California, Nevada and Utah Medical Associations if every component county medical society in the three states, in the near future, would give over the part or the whole of an evening in further discussion and analysis of the papers and topics printed in this number of CALIFORNIA AND WESTERN MEDICINE.

If the respective county society program committees would ask three or more local members to bring in critical discussions on different phases of these medical economics topics, and if at such meetings all members would bring their copies of CALIFORNIA AND WESTERN MEDICINE for reference and to be used in asking questions, then some real progress would be made, at least as relates to the creation of a greater interest and alertness on these important problems. For it is no exaggeration to state that these are real and vital problems that are bearing down on the profession for proper solution, and that if we fail to give them our serious consideration and action, then changes in modes of practice are apt to take place which will be anything but satisfactory to us. And this applies to all and every one of us, both in our own time and in the days to follow when our successors will be called upon to bear the brunt of the battle.

In conclusion, permit us to urge again that you give yourself the privilege of reading these articles at an early day and that you seek to have the program committee of your county medical society set aside an evening for further discussion of these medical economics topics. If such coöperation is given, it will be easier for the California, Nevada and Utah Medical Associations to find the paths of procedure that will lead to the greatest protection of both the public and the profession.

#### CALIFORNIA MEDICAL PRACTICE ACT— ITS NEW AMENDMENT RELATING TO BOARD APPOINTMENTS

*The New Amendment Was a So-called "Administration Measure."*—The California Legislature of the present year approved more than one thousand new laws. Some of such, which had to do with medical practice, have been discussed at considerable length in CALIFORNIA AND WESTERN MEDICINE. One of the bills of which practically no mention has been made concerned itself with appointments to the Board of Medical Examiners of the State of California. It was known as an administration measure, and with a large number of similar bills affecting different state boards was passed in the last days of the session. Some of these bills were fought at the time, but with little avail; and a similar result would probably have been the story as regards the state medical examining board measure. In the Miscellany Department of this number is printed the full text of this new amendment. (See page 239.)

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*The New Amendment Makes Possible Radical Changes in Board Personnel.*—As noted in those comments, by virtue of this amendment to California's medical practice act, Governor James J. Rolph, Jr. will have the power within the next six months of appointing five to seven new members to our state medical examining board in case he so desires.

Somewhat analogous powers were given as regards the dental and pharmacy boards, the Cali-

fornia State Board of Health, and other examining boards.

It is not the purpose at this time to discuss this new amendment, but rather to call the attention of the five thousand physicians who form the membership of the California Medical Association to its existence and its possibilities. The Council of the California Medical Association at its September meeting will no doubt give special consideration to this new problem.

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*The Legislature Cannot Pass Laws Affecting the Initiative Boards.*—In passing, it may be proper to again call the attention of the members of the medical profession of California to the fact that the Legislature made no attempt to change the method of appointment to the osteopathic and chiropractic boards of examiners, for the good and sufficient reason that the practice acts of those cults rest on an initiative vote of the people and therefore are beyond amendment by any legislature!

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*What Will Be the Reaction of the Organized Profession to This New Law?*—This new amendment brings to the front the question as to what attitude the organized profession will take in these new premises. Here, as in other matters, there are two sides to the question.

From the standpoint of practical civil politics, the contention is brought forward that an incoming Governor of the State must be entrusted by its citizens with the responsibility of its government. It would seem, therefore, that such an executive should be surrounded by administrative boards which would work to carry out his own, rather than antagonistic policies, the people then judging by the results achieved, whether or not such an executive and his party associates should be continued in office. As regards state boards which spend money raised by taxation for general lay activities such as roads, prisons, etc., such harmonious relationship to the Governor of the State would seem to be quite proper.

When, however, a state board such as that of the Board of Medical Examiners of the State of California, the funds of which do not come from general taxation on property, but from license and similar fees having to do with the right to practice the profession of medicine—a type of class legislation—and when the functions of such a board would seem to be absolutely divorced from the political activities of the State, then the question of the need of special intervention by a newly elected chief executive of the State naturally comes up for consideration, at least in the minds of members of the medical profession.

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*A Survey of Former Laws May Aid in Consideration of the Problem.*—To better orientate ourselves on the important issues that are involved in this new law, it may aid us if we go back and survey the development and source of the major changes which have taken place in its

medical laws since California passed its first medical practice act, more than fifty years ago. It is possible that some provisions and amendments of former years would be far more appealing to members of the medical profession than this new appointive amendment which was approved by the Sixtieth California Legislature in the present year 1931. We shall therefore present some excerpts from former California medical practice acts, because they indicate what was the nature of the appointing power for board members in the days gone by.

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#### *The original law of 1876:*

The Appointive Provisions of the original California Medical Practice Act of April 3, 1876, are as follows:

"Sec. 2. Each State Medical Society incorporated, and in active existence on the tenth day of March, eighteen hundred and seventy-six, whose members are required to possess diplomas or licenses from some legally chartered medical institution in good standing, shall appoint annually a Board of Examiners, consisting of seven members, who shall hold their office for one year and until their successors shall be chosen. . . ."

' ' '

#### *The Amended Section Two of April 1, 1878, states:*

"The Medical Society of the State of California, the Eclectic Medical Society of the State of California, and the California State Homeopathic Medical Society, corporations organized and existing under and by virtue of the laws of this State, and no other corporations, society, persons or person, shall appoint annually a Board of Examiners, consisting of seven members, who shall hold their office for one year, and until their successors shall have been chosen and qualified. . . ."

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#### *California Supreme Court Decision on this amendment of 1878:*

The 1931 "Directory of the California Medical Association" on page XXXIII prints some excerpts from a California Supreme Court decision on the validity of this 1878 amended Section Two. That action is known as *Ex Parte Fraser, Habeas Corpus, No. 10,361*. From this important decision, which established the validity of appointments by the state medical society instead of by the Governor of the State, some excerpts will be given:

"It is urged by counsel for petitioner that the Act of April 3, 1876, 'to regulate the practice of medicine,' as amended in 1878 (Laws 1877-78, page 918), is void, because a violation of the Constitutional provision: 'Corporations may be formed under general laws, but shall not be created by special Act.'"

"The second section of the Act confers the exclusive power to appoint boards of examiners upon three medical societies. . . ."

"We shall assume that the State, in the exercise of the police power, may provide for boards authorized to examine persons seeking to be admitted to practice medicine, to be appointed by any citizen or citizens named. . . ."

"There is nothing in the language of the law to indicate that it was the purpose to confer the power of appointment upon the particular corporations. If it should be made to appear that the societies named had never been incorporated, the power of appointment would still remain to be employed by the socie-

ties, or aggregations of individuals who had adopted the society names mentioned in the Act. The assumption of the power by these individuals or societies would be the assumption of a public duty, and the performance of the duty simply (and disconnected from the reception of fees) would not be profitable to them as societies, nor—should they happen to be incorporated—as private corporations. The second section of the Act confers the power of appointing the boards of examiners upon three named societies which are said to be 'existing corporations'; but, as we have seen, this designation does not oblige us to declare that it was intended to confer the power of appointment on the three societies as corporations. The words 'existing corporations' may be treated as merely '*descriptio personarum*.' . . .

"Our conclusion is that by conferring the authority and imposing the duty of appointing boards of examiners on the three societies named in the Act, the Legislature did not exceed the limitation of its powers contained in the provision of the Constitution above quoted. . . ."

#### *The Amended Law of 1889:*

From the "Fourth Biennial Report of the Board of Medical Examiners of the Medical Society of the State of California," issued in 1889, Section Two as again amended is quoted:

"Sec. 2. Each State Medical Society incorporated, and in active existence on the tenth of March, eighteen hundred and seventy-six, whose members are required to possess diplomas or licenses from some legally chartered medical institution in good standing, shall appoint annually a Board of Examiners, consisting of seven members, who shall hold their office for one year, and until their successors shall be chosen. . . ."

#### *The 1901 provisions:*

The "Official Register and Directory of Physicians and Surgeons in the State of California" for the year 1901 prints again an amended section, which reads as follows:

"Section 1. *Appointment of Board, Quorum.*—There shall be a board, consisting of nine members, which shall be known as the board of medical examiners of the State of California. The members of said board shall be elected as follows: Five members thereof shall be elected by the Medical Society of the State of California, two members thereof by the California State Homeopathic Medical Society, and two members thereof by the Eclectic Medical Society of the State of California. Said members shall be elected annually by said societies, respectively, according to such rules as each society may adopt for the election of members to be elected by it, and the members so elected shall serve for one year, and until their successors shall have been elected and qualified. Each of said societies, respectively, may also elect alternates who shall fill such vacancies as may occur in its representation on the board. . . ."

#### *The Law of 1907:*

In the Twentieth Edition of the "Official Register and Directory of Physicians and Surgeons in the State of California," of August, 1908, the amendment of March 14, 1907, is printed. In this amendment it will be noted that for the first time the three state medical associations submitted lists of members, from which lists the Governor was required to make his appointments. This law provided for the conjoint board in which the osteopathic group was given official recognition. The amendment reads:

"Section 1. The Governor shall appoint a Board of Medical Examiners to be known as the Board of Medical Examiners of the State of California, consisting of eleven members. Such appointments shall be made from separate lists presented to him every second year; five members from a list of ten names presented by the Medical Society of the State of California, two members from a list of four names presented by the California State Homeopathic Medical Society, two members from a list of four names presented by the Eclectic Medical Society of the State of California, and two members from a list of four names presented by the Osteopathic Association of the State of California. Vacancies occurring in the representation of said societies, respectively, shall be filled by appointment from said lists. The appointment of each member shall be for a term of two years, and until his successor is appointed and qualified; *provided, however*, that no professor, instructor, or other person in any manner connected with, or financially interested in any college or school of medicine or surgery or osteopathy shall be appointed a member of said board. . . ."

#### *The Recent Law:*

Coming down to the year 1921, in the "Directory of Physicians and Surgeons, Osteopaths, Drugless Practitioners, Chiropodists, Midwives," as published by the Board of Medical Examiners, one finds the appointive text of the medical practice act which was in force up to August 14, 1931. In this law the specific reference to schools of the healing art was eliminated. The osteopathic group secured a separate board by act of the legislature, later securing the same by initiative vote of the citizens of California. The provisions therein were as follows:

"Section 1. A board of medical examiners to consist of ten members, and to be known as the 'board of medical examiners of the State of California,' is hereby created and established. The governor shall appoint the members of the board, each of whom shall have been a citizen of this state for at least five years next preceding his appointment. Each of the members shall be appointed from among persons who hold licenses under any of the medical practice acts of this state. The governor shall fill by appointment all vacancies on the board. The term of office of each member shall be four years; *provided*, that of the first board appointed, three members shall be appointed for one year, two for two years, two for three years, and three for four years, and that thereafter all appointments shall be for four years, except that appointments to fill vacancies shall be for the unexpired term only. No person in any manner owning any interest in any college, school or institution engaged in medical instruction shall be appointed on the board, nor shall more than one member of the board be appointed from the faculty of any one university, college, or other educational institution. The governor shall have power to remove from office any member of the board for neglect of duty required by this act, for incompetency, or for unprofessional conduct. . . ."

#### *The Present Law—Amendment of 1931:*

The full text of the amended Section One, which was passed in the present year 1931 by the Sixtieth California Legislature, and which became the law on August 14, 1931, is printed in the Miscellany Department of this number of CALIFORNIA AND WESTERN MEDICINE. (See page 239.)

*The Above Excerpts Should Suggest Some Interesting Questions.*—The perusal of the interesting changes in the personnel of the state board of medical examiners, and particularly of the different methods whereby the appointments of board members were made is commended to the careful consideration of members of the California Medical Association. It is especially significant that the Supreme Court of the State of California, in the decision referred to above, declared that appointments by the state medical societies were as valid as when made by the chief executive of the State. It would be interesting to know whether a majority of the members of the California Medical Association would favor a return to such an arrangement.

An initiative law which would contain a section on appointments of board members, and which would incorporate basic provisions such as are contained in the laws of 1901 or 1907, as quoted above, would place the responsibility of maintenance of professional standards directly upon the state medical societies. The California Supreme Court in its decision of the year 1876 stated this could be done without contradiction of the constitution. The whole subject would seem to be worthy of close study and further investigation. Reference to the report which was made at this year's annual session of the California Medical Association by the special committee on the California Medical Practice Act and on a Qualifying Certificate (so-called Basic Science) Act, and which was printed in the June CALIFORNIA AND WESTERN MEDICINE, page 448, will give further information on these important matters.

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*University of California Staff Studies Virus Which Causes Infantile Paralysis.*—Further evidence of the mysterious nature of the filterable virus causing infantile paralysis has just been presented by the University of California Hooper Foundation for Medical Research in a report by Miss B. F. Howitt, research associate in medicine, of studies made under Director Karl F. Meyer.

For some years it has been known that a fluid could be extracted from portions of the brain and of the spinal cord of individuals dying from infantile paralysis which is capable of transmitting the disease to other animals under certain conditions. Because this fluid, even under the most powerful microscopes known to science reveals no traces of living bacteria or germs, but even after being passed through the finest filters available still retains its virulence and is capable of crippling or killing, it is called a filterable virus.

A number of such filterable viruses are known to science, and many theories have been suggested to explain them, including one theory that the virus represents a dormant stage of living bacteria during which they are so small that no technique which man has been able to devise is capable of detecting them. In 1929 two plant physiologists, Vinson and Petre, found that the filterable virus causing the common mosaic disease of tobacco plants was analogous in many ways to a chemical substance.

On the basis of this discovery Miss Howitt began a study of the filterable virus of infantile paralysis, and she found that this virus, as well, has certain similarities to a chemical substance. It shows resistance to treatment with chemicals which kill streptococci, staphylococci, and colon bacilli. After being precipitated, whirled around in centrifuges at a ter-

rific speed, washed, filtered, mixed with acetic acid, heated to 136 degrees Fahrenheit, placed on ice, and otherwise subjected to chemical purification, the fluid and also the material taken out of it in the process were capable of causing infection. By repeated centrifuging, and precipitation with lead acetate, the fluid can be rendered as clear as distilled water, yet it is still capable of destroying the function of certain parts of the nervous system or of dealing death.

Miss Howitt and Doctor Meyer will continue study of the infantile paralysis virus with the hope of further purifying it and perhaps determining something concerning its nature. While no cases of laboratory infection with infantile paralysis have been reported, every precaution must be taken to prevent such infection, including the wearing of rubber gloves at certain stages in the experiment.

This research has been made possible by the financial assistance of an anonymous friend of the university who is supplying \$5000 a year for the support of scientific study and the maintenance of an emergency supply of infantile paralysis convalescence serum.—*University of California Clip Sheet.*

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Medical service in the United States each year costs about \$3,106,000,000, according to estimates by the research staff of the Committee on Costs of Medical Care. The committee, under the chairmanship of the Secretary of the Interior, Dr. Ray Lyman Wilbur, comprises a large group of physicians, public health officials and other experts, economists, representatives of institutions and social agencies. The estimates are based on committee studies directed to the problem of adequate scientific medical service to all people at a cost which they can reasonably meet.

A third of the money spent goes to the physician, according to the estimate. Other expenditures estimated are: Medicine and supplies, \$700,000,000; hospitals, \$550,000,000; dentists, \$400,000,000; nurses (other than hospital), \$112,000,000; public health, \$86,000,000; optometrists and opticians, \$50,000,000; chiropractors and naturopaths, \$3,000,000; osteopaths, \$20,000,000; midwives, \$15,000,000; chiropodists, \$15,000,000, and nonhospital dispensaries, \$5,000,000. Families afflicted by illness pay \$123,000,000 annually for necessary extra household help.

The surveys thus far show wide divergencies in medical expenditures in proportion to income; families with incomes below \$1200 spend about \$66 a year on medical service, those with less than \$2000 spend \$71.48, whereas families with more than \$5000 a year average \$311 and those above \$10,000 about \$520.

The committee has found from available data that the average adult man loses seven or eight days a year from illness, and the average woman eight to twelve days.—Editorial, *Journal Missouri Medical Association*, August 1931.

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*New Health Center at Alhambra.*—The latest building of the chain of health centers, in Los Angeles County, was opened at Alhambra, August 15. It will serve a population of approximately 130,000 people residing in Alhambra, San Gabriel, El Monte, Puente, Baldwin Park, Monterey Park, Lamanda Park, and Altadena, in addition to a large area in the San Gabriel Valley. The building will house an emergency hospital section, clinics for cardiac, metabolic, tuberculous, chest, and well-baby cases, and a laboratory, including roentgen, dental and physical therapy units. The Alhambra district health center is a unit in the Los Angeles County Health Department whose division of bacteriology of the bureau of laboratories is decentralized into eleven branches. Dr. Samuel J. Stewart, district health officer, is director of the Alhambra Health and Welfare Center. The diagnostic and educational services are free regardless of financial or social status, but treatment clinics are restricted to the indigent sick. The Los Angeles County Health Department functions in an area of 3400 square miles under the direction of Dr. John L. Pomeroy.—*Journal of the American Medical Association*, September 13, 1930.